

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039487

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 229 Primary Registration District No. 5264 Registrar's No. 42

FILED NOV 9 1962

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARREN TOWNSHIP</u>		c. CITY OR TOWN <u>WARREN</u>	
Length of stay in 1b <u>39 YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE CITY, R.F.D. 3</u>		d. STREET ADDRESS (If outside, give location) <u>MONROE CITY, Mo R. 3</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JACK</u> Middle <u>LAVERNE</u> Last <u>O. BRYAN</u>			4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>2</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JANUARY 22, 1923</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and state or country) <u>WARREN, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES L. O. BRYAN</u>		13b. MOTHER'S MAIDEN NAME <u>IDA MAE ROBERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>DORTHY O. OBRYAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR 2</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs Dorothy O. BRYAN</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of right temple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Apparently stood, held rifle against right temple, discharged a .22 cal. bullet into rt temple.</u>	
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>2</u> Month, Day, Year <u>NOV 5 1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Warren Cemetery</u>	
20f. CITY, TOWN, OR LOCATION <u>Warren</u>		COUNTY <u>Marion</u>		STATE <u>Mo</u>	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:45 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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22a. SIGNATURE <u>Henry Sweet Jr MD Coroner</u>		22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>11/5/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOVEMBER 5, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL</u>	
23d. LOCATION (City, town, or county) <u>MARION COUNTY, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-62</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	

24. EMERALD DIRECTOR <u>Wilson & Sons</u>		25. ADDRESS <u>Monroe City Mo</u>		26. By: <u>Viola Gen. Deputy</u>	
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(License Embalmers Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

10640

0640

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9976X

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NOV 15 1962

NOV 16 1962

NOV 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.